

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213545531					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FEDERATED SERVICE INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HOWARD W DOBBINS WILLIAMS MULLEN CENTER 200 S 10TH ST RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F1354796</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500,000	
CLASS	AUTHORIZED						
COMMON	500,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 121 E PARK SQ</p> <p style="margin-left: 40px;">CITY/ST/ZIP: OWATONNA, MN 55060</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL F DROHER TITLE: SECRETARY ADDRESS: 121 E PARK SQUARE CITY/ST/ZIP/CO: OWATONNA, MN 55060 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PAUL F DROHER TITLE: SECRETARY ADDRESS: 121 E PARK SQUARE CITY/ST/ZIP/CO: OWATONNA, MN 55060	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	MARK SCHARMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	JOHN THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	JAMES THON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	LEE TOPPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	GREGORY STROIK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	DAVID MURRAY ADCOX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	JAY GRESS II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 E PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	LESTER KILLEBREW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	JAMES LISCOMB III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	ROGER PEUGOT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		
NAME:	DONALD REICHERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART SEILER DIRECTOR 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY MOUNT SR VP 121 EAST PARK SQUARE OWATONNA, MN 55060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN THOMPSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN THOMPSON, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/30/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			